III. APPENDICES

A. Application for a license to operate a family/group day care/nighttime home

DHR-CDC-712 Revised 05/21

STATE OF ALABAMA DEPARTMENT OF HUMAN RESOURCES

APPLICATION FOR A LICENSE TO OPERATE A DAY CARE/NIGHTTIME HOME

First Application	Application for Renewal
I choose to participate I choose Not to partici	
In accordance with Title 38, Chapter 7, Code of Alalicense to operate a:	abama 1975, application is hereby made for a
Family Day Care/Nighttime Home	Group Day Care/Nighttime Home
Name of Applicant:	Maiden Last
List all names you have been known by:	
Applicant's Date of Birth:	Year
Social Security Number of Applicant:	Administrative Rules for identification purposes.)
Address of Applicant: Number and Street	City State Zip Code County
Email address:	
Telephone Number of Applicant: _()	
Name of Home Day Care:	
Name of Applicant's Spouse:	Middle Last
List all names your spouse has been known by:	
Spouse's date of birth:	Year

Do you own or rent your home? If you rent, attach a written state operate a day care/nighttime home.	ement from the ov	wner of the ho	me giving peri	mission for you to
Will you provide transportation	for children in you	ır care?		
For what age children will you p	rovide care?	W	THE STATE OF THE S	
What days of the week will you	provide care?			············
What hours of the day will you p	provide care?			
List addresses of all places you address:	have lived in the p	past five year	s, if different f	rom your present
Number and Street	City	State	Zip Code	County

List each person living in your home:

Full Name	Date of Birth	Relationship to you	Occupation/school attending/attended	Social Security Number

(NOTE: Social Security Number is required by the Department's Administrative Rules for identification purposes.)

REFERENCES:

List at least three (3) persons you have known for at least two (2) years who are not related to you or any member of your household by blood, marriage, or adoption. Information must be complete and accurate.

(1) Name:					
	Last	F	irst	Midd	le
Address:					
	Street			City	X - 1 - 1
				()	
	State	Zip Code		Area Code	Telephone Number
(2) Name:					
	Last	F	irst	Midd	le
Address:					
	Street	Annual Control of the		City	
****		THE STATE OF THE S		_()_	Telephone Number
	State	Zip Code		Area Code	Telephone Number
(3) Name:					
	Last	F	irst	Midd	le
Address:					
	Street			City	
				()	Telephone Number
	State	Zip Code		Area Code	Telephone Number
Name of Su	ubstitute:				
	First	Middle	Maiden	Last	
Substitute's	Date of Birth:				
	M	onth Do	ту	Year	
	rity Number of Sub Security Number is requ			strativa Pulas for i	dantification murnosas
NOIL. Bocidi	i Security Ivamber is requ	irea by the Depart	тет з латть	trative Rutes for to	uemijicanon purposes.)
Address of	Substitute:		San Carlotte Company		
	(Number a	nd Street) (C	City) (State)	(Zip Code)	(County)
relephone 1	Number of Substitut	e: ()			

First	Middle	al and the second second	Maiden		Last	
Assistant Caregiver	's Date of Birth:					
	-	Month	Day		Year	
Social Security Nur NOTE: Social Security			s Adminis	trative Ru	les for identifica	tion purposes.)
Address of Assistar						
	(Number	r and Street)	(City)	(State)	(Zip Code)	(County)
elephone Number	of Assistant Care	egiver: _(
ame of Second S						
First	ubstitute, if appli		group o	lay care		me:
First	Middle	ication is for a	group o	lay care	/nighttime ho	ome:
First	Middle		group o	lay care		ome:
econd Substitute's	Middle Date of Birth: Month	Maiden Day ubstitute:		Year	Last	
First econd Substitute's ocial Security Nur	Date of Birth: Month mber of Second S Number is required by Substitute:	Maiden Day ubstitute: y the Department's	s Administ	Year	Last les for identificat	
	Date of Birth: Month mber of Second S Number is required by Substitute:	Maiden Day ubstitute:		Year	Last	
First second Substitute's social Security Nur	Middle Date of Birth: Month mber of Second S Number is required by Substitute: (Number)	Day ubstitute: v the Department's r and Street)	s Administ	Year trative Rui	Last les for identificat	tion purposes.)
First Second Substitute's Social Security Nur NOTE: Social Security Address of Second Selephone Number	Middle Date of Birth: Month mber of Second S Number is required by Substitute: (Number) of Second Substitutes	Day ubstitute: y the Department's r and Street)	s Administ	Year trative Rui	Last les for identificat	tion purposes.)
First second Substitute's social Security Nur NOTE: Social Security Address of Second	Middle Date of Birth: Month mber of Second S Number is required by Substitute: (Number) of Second Substitutes	Day ubstitute: y the Department's r and Street)	s Administ	Year trative Rui	Last les for identificat	tion purposes.)
First Second Substitute's Social Security Nur NOTE: Social Security Address of Second Selephone Number	Date of Birth: Month mber of Second S Number is required by Substitute: (Number) of Second Substitute: DINFORMA'	Day substitute: y the Department's r and Street) itute: _(TION: se or approval or	(City)	Year Trative Rul (State)	les for identificat (Zip Code)	(County)
First second Substitute's cocial Security Nurver Social Security Nurver Social Security Address of Second Selephone Number SACKGROUN Child Care:	Date of Birth: Month mber of Second S Number is required by Substitute: (Number) of Second Substitute: DINFORMA'	Day substitute: y the Department's r and Street) itute: _(TION: se or approval or	(City)	Year Trative Rul (State)	les for identificat (Zip Code)	(County)

Criminal History Background Information Checks:

In accordance with Alabama law, (Act 2000-775, effective November 1, 2000, the criminal history background information check shall be completed on each applicant for a license, each licensee, each adult household member, substitute, caregiver, volunteer, and domestic worker, as well as any other person who has contact with the children or unsupervised access to the children shall be reviewed.

Are there	Criminal Charges: any current criminal charges against you or any member of your household?
If yes, giv	e details.
At the tim ON CHIL	ce of State Central Registry on Child Abuse/Neglect: e of initial application, a completed REQUEST FOR CLEARANCE OF STATE CENTRAL REGISTRY D ABUSE/NEGLECT shall be submitted by the applicant and each adult household member. Required available from the Department.
The applic	ant shall obtain a completed REQUEST FOR CLEARANCE OF STATE CENTRAL REGISTRY ON BUSE/NEGLECT for each caregiver, substitute, volunteer, domestic worker, and any other person who has the children or unsupervised access to the children.
	ATION AND TRAINING
	your first application: opy of your high school diploma or General Education Diploma (G. E. D.)
	cumentation of completion of required training in child care and development is required before licensure.
	terms of completion of required training in clinic care and development is required before necessite.
AGRE	EMENT
CHARLES AND SECURITY OF THE SE	hereby agree that if I am issued a license/permit or renewal of a license to operate a
family/g	oup day care/nighttime home for children, I will:
A	
В	Adhere to the provisions of the license or permit issued;
C	and the first of t
D E	by the Department in making an investigation for licensing purposes;
F	
1	investigation;
G	
	for child care as required under standards prescribed by the Department, or otherwise required by
	any law, regulation or ordinance applicable to such facility;
H	Display the license or permit; and
I.	Maintain financial resources adequate for the satisfactory care of children served in regard to upkeep of premises and provisions for personal care, medical services, clothing, learning experience and other essentials in the proper care, rearing and training of children.
	Signature of applicant date

NOTICE OF PENALTY FOR FALSE STATEMENTS

In accordance with Title 38, Chapter 7, Section 16, Code of Alabama 1975, any person, group of persons, association or corporation who makes materially false statements in order to obtain a license or permit shall be guilty of a misdemeanor and shall be fined not less than \$100.00 nor more than \$1,000.00 or be imprisoned in the county jail no longer that one year, or both, and, in case of an association or corporation, imprisonment may be imposed upon its officers who knowingly participated in the violation. Understanding the penalties for false statements, I attest that the statements in this application are true and correct, to the best of my knowledge and belief.

NOTE: The application for renewal of a license shall be submitted at least 30 calendar days prior to the expiration of the current license.

By signing this form, I am affirming that the above statements I have made are true and factual to the best of my knowledge; and I am granting permission for all persons, organizations, or agencies listed above to be contacted for information regarding my background.

		/
	Signature	Date
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Return the completed application form and any attachments to the Alabama Department of Human Resources at the address below:

Department of Human Resources Child Care Services Division Office of Child Care Licensing 50 N. Ripley Street Montgomery, AL 36160